

TEXAS HEALTH STEPS
Primary Parent Questionnaire
Risk Assessment for Lead Exposure

Guidelines

- **Target population** - This parent questionnaire is to be used only with the parent/guardian of a **child who has never had a high blood lead test result.**
- **Assessment of risk** - The questions on this parent questionnaire should be used for risk assessment of level of exposure to lead. The Primary Parent Questionnaire can be used at the patient's 6 month, 18 month, 3, 4, 5, and 6 year visits. If the Primary Parent Questionnaire is not used, **a blood lead test must be done at 6 months, 18 months, 3, 4, 5, and 6 years of age.**
- **Level of risk** - The questions provided are to be asked **at a minimum.** They are intended as a means to open significant areas of inquiry and should be used in conjunction with **follow-up questions** that clarify any hesitant or unclear responses.
- **Local community** - Questions specific to situations that exist in the child's community should be added to the interview document and asked consistently of all parents/guardians being interviewed.
- **Negative responses** - If the answers to **all** questions are unqualified **negatives**, the child is considered low risk for high doses of lead exposure, **but must nevertheless receive blood lead screening by blood lead tests at 12 months and 24 months of age.** If a child between 36 and 72 months of age has no record of a blood lead test, the child **must be tested.**
- **Positive answer(s)** - If the answer to **any** question is positive, the child is to be considered "high risk." A blood lead test must be done at the time the child is determined to be high risk (regardless of any previous blood lead test results). The child must subsequently be tested according to the recommended periodicity schedule.
- **"Don't know" answers** - If the parent answers "I don't know" to any question, clarification may be given of the wording of the question or the topic. If the parent remains unsure after discussion, the response must be considered positive and the child should be tested.
- **Spanish-speaking patients** - The Primary Parent Questionnaire is available in both English and Spanish. The Spanish version slightly differs from the English due to wording changes which make the Spanish questionnaire more culturally appropriate.
- **Obtaining questionnaires** - Please feel free to photocopy this questionnaire.

Patient's Name: _____

Date Questionnaire Administered: _____

Texas Health Steps
PRIMARY PARENT QUESTIONNAIRE
SCREENING QUESTIONS FOR A CHILD WHO HAS NEVER HAD A HIGH BLOOD LEAD

This questionnaire is about lead. Lead is a dangerous substance that sometimes gets into children's bodies. It can make them sick and affect their behavior and ability to learn. Answers to these questions will help the doctor see if your child may have been exposed to lead. If your child has been exposed to lead, the doctor will need to do a blood test. The test may show that the child has lead in his/her blood or it may show that your child is fine. Even if your child does have a high blood lead, the doctor can tell you things that you can do to help your child be healthy. If any of these questions are confusing, ask the doctor or nurse to help you with them.

- 1) Do you live in or often visit a house that was **probably** built before 1978?
YES ☐ **NO** ☐ **I DON'T KNOW** ☐
- 2) Does your child live in or often visit a house that is being painted, remodeled, or having the paint scraped or sanded?
YES ☐ **NO** ☐ **I DON'T KNOW** ☐
- 3) Does your child eat or chew on non-food things like paint chips or dirt?
YES ☐ **NO** ☐ **I DON'T KNOW** ☐
- 4) Have any other members of the family or your child's playmates had high blood leads as far as you know?
YES ☐ **NO** ☐ **I DON'T KNOW** ☐
- 5) Does your family live near or does your child play near any of these (**circle** the ones that apply):

smelter
hazardous waste site
lead industry
place where batteries are manufactured or repaired
house construction site
heavily traveled major highway
place where cars are abandoned or repaired?
- 6) Do you give your child, or have you ever given your child, any of these products from another country:

- MEDICINES like greta or azarcon for empacho, alarcon, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, or rueda?
YES ☐ **NO** ☐ **I DON'T KNOW** ☐

- NUTRITIONAL PILLS OTHER THAN VITAMINS?

YES ☐

NO ☐

I DON'T KNOW ☐

- 7) Does anyone living in your house work at a place where any of these things happen or have a hobby that involves these things (**circle** the ones that apply):
- radiator repair
 - lead industry
 - welding
 - battery manufacture or repair
 - house construction or repair
 - smelting
 - chemical preparation
 - making pottery
 - going to a firing range
 - stained glass with lead solder
 - brass/copper foundry
 - valve and pipe fittings
 - bridge, tunnel and elevated highway construction
 - industrial machinery and equipment
 - re-loading bullets or making fishing weights
 - refinishing furniture
 - burning lead-painted wood
 - automotive repair shop

Does anybody that your child spends a lot of time with (outside of your home) do any of these things or work at a place where these things are done?

YES ☐

NO ☐

I DON'T KNOW ☐

- 8) Is imported or glazed pottery, or a Mexican bean pot, used to cook or store your food?

YES ☐

NO ☐

I DON'T KNOW ☐

- 9) Does your child eat foods canned or packaged (such as candy) outside the U.S.?

YES ☐

NO ☐

I DON'T KNOW ☐